PTO/SB/05 (08-03)
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•	PATE		Application or Docket-Number							
		CLAIMS AS I		PART I	SMALL ENTI	TY OR	OTHER THAN SMALL ENTITY			
FOR NUMBER FILED				NUMBER	R EXTRA	RAKE	FEE.	RATE	FEE	
BASIC (37 CI	FR 1 15(a):						JOF OF		Ţ	
	L CLAMAS T		nunus 20	X.	,	x s : = }	OF-	x 5=		
INDEPENDENT CLAIMS (37 CFR 1 (6(9)) minus /= 1						x s =	√GR .	x 5 =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(d))						+ 5 =	OR	+ 5 =	-	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	OR	TOTAL		
		ALMS AS AME.					-			
2	1/1/05	(Column 1)	•• 	(Column 2) (Column 3)		SMALL ENT	ITY OF	OTHER THAN SMALL ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		ADDI- IONAL . FEE	RATE	ADDI- TIONAL FEE	
ENDMENT	Total (37 CFR 1,16(c))	29	Minus	29	7/	x s=	OR	X 5=		
EN	Independent (37 CFR 1 16(b))	7	Minus	7		x s=	OR	x s=		
AM	FIRST PRESENT	TATION OF MULTIPLE	DEPENDS	ENT CLAIM (37 CF	+ s =	/ YOR	+ \$ =			
						TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)					
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- FIONAL FEE	RATE	ADDI- HONAL FEE	
)ME	Total (37 CFR : 16(c))	•	Minus	••	=	x s=	OR	x :=		
ENDMENT	Independent (37 CFR 1 16(b))		Minus		=	x s=	OR	x s=		
AM	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	FR 1 16(d))	+ 5 =	OR	+ 5 =		
						TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)						
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE	
DME	Total (37 CFR 1 15(c))	•	Minus		=	x s_·· =	OR	x s=		
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AM	FIRST PRESEN	TATION OF MULTIPI	.E DEPENC	DENT CLAIM (37 C	+s; =	OR	-+ s =			
	1				TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE			
	"If the Highest	column 1 is less th t Number Previous Number Previousl	ly Paid Fo	r IN THIS SPACE	is less than 20 is less than 3.	3 , enter "20"	-			

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR*1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Firme will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									10/092,878			
	CLAIME AN CHED DART!								,	YHAN			
	CLAIMS AS FILED - PART I (Commit 1) (Commit 2)						SMALL S	HITY	;.		··		
	FOR NUM(15		RFLED NUMBER 6		RESTRA	EXTRA		FEF		10315	<u>'!</u>		
	ASIC FEE 17 CFR 1.16(3))					١		:	Ob.				
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INDE	PENDENT CLAIMS	1/2	minus 3	, l. X		1	A 5 :		دار ز				
								OK					
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))					ŧ				<u> </u>			
. A IV	If the difference in column 1 is less than zero, enter "0" in column 2						IOTAL {		O.S.	iOta: [
	CLAIMS AS AMENDED PART II							•					
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ار	т Т	(Column 1) CLAIMS	<u>-</u>	HIGHE ST	PRESENT	1	T	ADU+		KALL	∴in,		
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AME	(3) CFR : (6(b))			(3)			x \$ \$3 =	40	Oħ'	·			
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CI			R 1,16(d))	-	+ s =	(())	OR	+s =				
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		(Column 1)		(Column 2)	(Catumn 3)								
8		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADOI-		RAIL	ADD		
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NON	Independent	1/18	Minus	··· 1L	- /		11/3:	12	OR	4 S =			
ME	(32 CER 1 16(6))	5			<u> </u>		X190 ·	4					
 	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))						+ S. TOTAL	-3	Üĥ	TOTAL			
	161	<u>, </u>					ADD'L FEE	300	OK	4111111			
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C		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADDI-	İ	KATE	AUU		
3 . 7		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE			11.1		
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ME			F 05051-	ENT DAM 1335	L				OR	.;			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s_ =	~	00	TOTAL			

* If the entry in column 1 is tess than the entry in column 2, write "U" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter "3".

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